FAIRFAX COUNTY FIRE AND RESCUE FREEDOM OF INFORMATION ACT REQUEST FORM



Signatures and a minimum fee listed below are requested.

Fees are non-refundable and may vary from those listed below depending

on research time and materials required. Please allow 5 work days for the response. *Medical requests must include a release form or letter signed by the patient or legal guardian.

REQUESTOR INFORMATION: Name:		Day Phone			
Company:		Street Address			
CityS	State ZIP:	Request to be:	Mailed	Pick-up Da	te
Other Instructions:					
Fax:					
INCIDENT REPORTS: *Medical					
Vehicle Make/Model	Year _	Parties Involved: _			
time; incident address; cross-streets REPORT REQUIRED DETAILS					
Signature:		Date: _		-	
By submitting this request, I understand payment is due within 30 days of invoiregarding any delays in fulfilling the re	ce or verbal notificat	tion. I will be advised for ap			
Money Orders or checks are accepte	Fairfa	able to: COUNTY OF FA x County Fire and Rescue ATTN: (see below) e Rd, Fairfax, Virginia 22030		Request to:	
Fire Incidents: ATTN: Information	Fechnology, 5 TH floo	or. 703-246-3992 (\$5.00 mir	nimum)		
Injury/Medical : ATTN: EMS Divisit by the patient or legal guardian and ma				tion release for	rm must be signed
Subpoena Duces Tecum : If <i>injury</i> add Technology , 5 th floor. 703-246-3992.	ress to: ATTN: EMS	S Division, 5th floor. If fire	related address t	o: ATTN: Inf o	ormation
Fire Investigator: ATTN: Investigat	ions, 4 th floor. 703-	246-4741. Call for fees to in	nclude pictures, i	f available.	
Data Information and Statistics: AT	TN: Information Te	echnology, 5 th floor. 703 24	46-3992 (\$10.00	minimum)	
Other Requests: OFFICE OF THE	FIRE CHIEF: 7th fl	loor. 703-246-2546			

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